

IN THE UNITED STATES DISTRICT COURT
FOR THE _____ DISTRICT OF TEXAS
_____ DIVISION

Form To Be Used By A Prisoner in Filing a Complaint
Under the Civil Rights Act, 42 U.S.C. § 1983

John Jackson #1753554

Plaintiff's name and ID Number

1201 E. Elcibolo Road.

Edinburg, TX 78542

Place of Confinement

CASE NO: 7:15-cv-91

(Clerk will assign the number)

v. Director of T.D.C.J. Brad Livingston
P.O. Box 99
Huntsville, TX 77342

Defendant's name and address

Warden Phillip Rodriguez
1201 E. Elcibolo Rd.
Edinburg, TX 78542

Defendant's name and address

Major James Hales
1201 E. Elcibolo Rd.
Edinburg, TX 78542

Defendant's name and address

(DO NOT USE "ET AL.")

Sgt. Bernabe Trevino
1201 E. Elcibolo Rd.
Edinburg, TX 78542

Lt. Eustolio Delarosa Jr.
1201 E. Elcibolo Rd.
Edinburg, TX 78542

CO II Minerva Badillo • 1201 E. Elcibolo Rd.
Edinburg, TX • 78542

Captain Jose Guayardo
1201 E. Elcibolo Rd.
Edinburg, TX 78542

INSTRUCTIONS - READ CAREFULLY

NOTICE:

Your complaint is subject to dismissal unless it conforms to these instructions and this form.

1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
2. Your complaint must be legibly handwritten in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, **DO NOT USE THE REVERSE SIDE OR BACK SIDE OF ANY PAGE.** ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, mail the original and one copy to the Clerk of the United States Court for the appropriate District of Texas in the Division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. The list labeled as "VENUE LIST" is posted in your unit law library. It is a list of Texas prison units indicating the appropriate District Court, the Division and an address of the Divisional Clerks.

FILING FEE AND IN FORMA PAUPERIS

1. In order for your complaint to be filed, it must be accompanied by the filing fee of **\$350.00**.
2. If you do not have the necessary funds to pay the filing fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis* (IFP), setting forth the information to establish your inability to prepay the fees and costs or give security therefore. You must also include a six (6) month history of your Inmate Trust Account. You can acquire the application to proceed IFP and appropriate Inmate Account Certificate from the law library at your prison unit.
3. 28 U.S.C. 1915, as amended by the Prison Litigation Reform Act of 1995 (PLRA), provides, "...if a prisoner brings a civil action or files and appeal *in forma pauperis*, the prisoner shall be required to pay the full amount of a filing fee." Thus, the Court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the Court will apply 28 U.S.C. 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your Inmate Account, until the entire **\$350** filing fee has been paid.
4. If you intend to seek *in forma pauperis* status, then do not send your complaint without an Application to Proceed IFP, and the Certificate of Inmate Trust Account. Complete all the essential paperwork before submitting it to the Court.

CHANGE OF ADDRESS

It is your responsibility to inform the Court of any change of address and its effective date. Such notice should be marked "**NOTICE TO THE COURT OF CHANGE OF ADDRESS**" and shall not include any motions(s) for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedures.

I. PREVIOUS LAWSUITS:

- A. Have you filed any other lawsuits in the state or federal court relating to imprisonment? _____ YES ☒ NO
- B. If your answer to "A" is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)
 1. Approximate date of filing lawsuit: _____
 2. Parties to previous lawsuit:
 Plaintiff(s): _____
 Defendant(s): _____
 3. Court (If federal, name the district; if state, name the county) _____
 4. Docket Number: _____
 5. Name of judge to whom case was assigned: _____
 6. Disposition: (Was the case dismissed, appealed, still pending?)

 7. Approximate date of disposition: _____

II. PLACE OF PRESENT CONFINEMENT: 1201 E. Elcibolo Rd • Edinburg, TX 78542

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted both steps of the grievance procedure in this institution? ☒ YES ☐ NO
 Attach a copy of the Step 2 grievance with the response supplied by the prison system.

IV. PARTIES TO THE SUIT:

A. Name of address of plaintiff: Segovia Unit • 1201 E. Elcibolo Rd •
Edinburg, TX 78542

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: Brad Livingston • Director of T.D.C.J • P.O. Box 99 •
Huntsville, TX 77342

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you.
He is legally Responsible for overall operations of the Department of corrections,

Defendant #2: Phillip Rodriguez • Warden • 1201 E. Elcibolo Rd. •
Edinburg, TX 78542

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you.

He is legally Responsible for Operation and the welfare of inmates Here AT Segovia Unit,

Defendant #3: Major • James Hales • 1201 E. Elcibolo Rd. •
Edinburg, TX 78542

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you.

He is legally Responsible for the Supervision of all Ranking Officers.

Defendant #4: Jose Guadardo • Captain • 1201 E. Elcibolo Rd. •
Edinburg, TX 78542

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you.

He is legally Responsible for the welfare and safety of all inmates.

Defendant #5: Eustolio Dela Rosa Jr. • LT • 1201 E. Elcibolo Rd.
Edinburg, TX 78542

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you.

He is legally Responsible for the Safety of all inmates and officers.

Defendant #6: Bernabe Trevino • Sgt. • 1201 E. Elcibolo Rd.
Edinburg, TX 78542

He was legally Responsible for operation at the Segovia Unit.

Defendant #7: Minerva Badillo • CO II • 1201 E. Elcibolo Rd.
Edinburg, TX 78542

She was responsible for the protection of the Defendant.

V. STATEMENT OF CLAIM:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal argument or cite any cases of statutes. If you intent to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember that the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

on the 9th of Oct. 2014 I was assaulted by CO II officer Badillo. She repeatedly Snatched me by the arm unprovoked while handcuffed here at the Segovia Unit. Sgt. Trevino was there at the time. He did nothing to Intervene. ~~He watched her~~ Sgt. Trevino watched her snatch me repeatedly and turned his head. I told medical and was disregarded

VI. RELIEF: State briefly exactly what you want the court to do for you. Make no legal arguments. Cite not cases or statutes. To grant me a Temporary Restraining Order Because of the Non Diverse Bias Group of officers here at the Segovia Unit that has and will again retaliate against me Physically and mentally once the officers hear about the law suit I have filed against their CO worker.

VII. GENERAL BACKGROUND INFORMATION:

A. State, in complete form, all names you have ever used or been known by including any and all aliases:

None

B. List all TDCJ-ID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you, if know to you.

CID # 3754082

STJ # 827773

VIII. SANCTIONS:

A. Have you been sanctioned by any court as a result of any lawsuit you have filed? ☐ YES ☒ NO

B. If your answer is "yes", give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (If federal, give district and division): _____

2. Case Number: _____

3. Approximate date sanctions were imposed: _____

4. Have the sanctions been lifted or otherwise satisfied? ☐ YES ☐ NO

- C. Has any court ever warned or notified you that sanctions could be imposed? ____ YES ____ NO
- D. If your answer is "yes", give the following information for every lawsuit in which warning was imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed warning (if federal, give the district and division): _____
2. Case number: _____
3. Approximate date warning were imposed: _____

Executed on: 2-23-15
(Date)

John A. Jackson
(Printed Name)

John A. Jackson
(Signature of Plaintiff)

PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachment thereto are true and correct.
2. I understand if I am released or transferred, it is my responsibility to keep the Court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand that I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions in a Court of the United States while incarcerated or detained in any facility, which lawsuits are dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger or serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire **\$350** filing fee and costs assess by the Court, which shall be deducted in accordance with the law from the inmate account by my custodian until the filing fee is paid.

Signed this 23rd day of Feb., 20 15.
(Day) (Month) (Year)

John A. Jackson
(Printed Name)

John A. Jackson
(Signature of Plaintiff)

WARNING: The Plaintiff is hereby advised any false or deliberately misleading information provided in response to the following questions will result in the imposition of sanctions. The sanctions the Court may impose include, but are not limbed to monetary sanctions and/or the dismissal of this action with prejudice.



Texas Department of Criminal Justice

STEP 1

OFFENDER GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: 2015054957
 Date Received: DEC 05 2014
 Date Due: 11/14/15
 Grievance Code: 800
 Investigator ID #: I-2196
 Extension Date: —
 Date Retd to Offender: JAN 14 2015

Offender Name: John Jackson TDCJ # 1753554
 Unit: Segovia Housing Assignment: E-1-16
 Unit where incident occurred: Segovia

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Sgt Gomez When? 12-4-14

What was their response? He said he don't know

What action was taken? None

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I wrote a Grievance on Oct. 13 on
 Officer Beadillio for assaulting me and that I
 fear for my life. Since then she has told
 me that my grievance will not go through.
 This is my second grievance on the matter.

Action Requested to resolve your Complaint.

To be investigated by the warden

Offender Signature:

*John Jackson*Date: *12-4-14*

Grievance Response:

A complete and thorough investigation has been conducted into your allegations. Investigation failed to produce evidence to substantiate your allegations of being assaulted by Officer Badillo. Contact was made with both escorting Officers Badillo and Sgt. Trevino who state that they simply escorted you to a holding cage due to an altercation you had been involved in and have not had any major dealings with you since then. There is no evidence to support the claim of any wrong doing from neither Officer Badillo nor Sgt. Trevino. No further action warranted.

ASST. Warden T. May

Signature Authority:

T. May

Date: _____

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

FEB 19 2015



Texas Department of Criminal Justice

STEP 2

OFFENDER
GRIEVANCE FORM

Offender Name: John Jackson TDCJ # 1753554
 Unit: Segovia Housing Assignment: E-1-16
 Unit where incident occurred: Segovia Unit

OFFICE USE ONLY

Grievance #: 2015054957
 UGI Recd Date: JAN 16 2015
 HQ Recd Date: JAN 23 2015
 Date Due: 2-20
 Grievance Code: 800
 Investigator ID#: _____
 Extension Date: _____

You must attach the completed Step 1 Grievance that has been approved by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has not been processed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

The will never be enough evidence of an assault on an inmate by an officer. I had to write the ombudsman, Prea, I made statements to everyone and you still don't believe me.

I was assaulted by Officer Badillo and Sgt. Trevino stood by and let her do it to me. I notified everyone at that time it happened. I even tried to tell medical when I went in and Niderhauser wrote me a case for vulgar language. All this was on the 9th of Oct. 2014. I reported it and no one listened. For my relief I would like to be transferred. I fear for my life here at this Unit.

The reason you are just getting the Step 2 Grievance is because the Grievance officer here said she didn't have it (the Step 1 I put in). The Grievance officer lost it on purpose because of the officers plight.

Offender Signature: John JacksonDate: 1-16-15

Grievance Response:

This issue has been reviewed by The Office of the Inspector General and that office has determined that there is insufficient evidence to warrant opening a case. No further action will be taken.

Signature Authority: C. MARTINEZDate: 2-4-15Returned because: **Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY**Initial Submission**

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

